

CLAIMS ONLY

Application Number

09/707486

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/					51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15		/					65					
16	/	/					66					
17		/					67					
18		/					68					
19		/					69					
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33		/					83					
34		/					84					
35	/	/					85					
36		/					86					
37		/					87					
38		/					88					
39		/					89					
40		/					90					
41		/					91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep					
Total Depend	36						Total Depend					
Total Claims	40						Total Claims					